

*Department of Social and Health Services
Health and Recovery Services Administration*



QUALITY ASSURANCE

DRAFT
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STERLING
ASSOCIATES, LLP

Quality Assurance Findings—*What is...*

◆ Approach

- Approval of the revised CNSI workplan is progressing although it has taken many months to finalize. Answers to the more than 200 questions are relatively complete although a handful of issues remain. DSHS and CNSI are working through these final issues.
 - While the new schedule provides a more accurate view of the work effort, it is still very aggressive and active management of *any* slippage will be required, particularly in light of the integration test delays. Very little schedule contingency remains, as much of the eight weeks has been used for integration testing. Given the recent and continuing delays in testing, additional contingency may be used. This will decrease DSHS’s contingency pool during user acceptance testing (UAT), leaving very little leeway if defects cannot be resolved quickly.

Status and issues regarding each of the releases will be discussed in greater detail in the following sections.

Medical and Nursing Home Claims (MNHC) Release

- Progress on the MNHC Release continues. The focus remains on integration testing, preparation for UAT, and readiness activities such as training, provider and staff readiness, in addition to the various planning tasks related to the draft workplan.
 - Readiness activities are progressing well. The tasks required to “flip the switch” on the system are very complex and documentation is time consuming. The team is working through all the known questions and activities with each of its business partners. This is providing a better picture to staff about what activities are going to be required in the chain of events leading to the actual cutover to ProviderOne. There are still many areas that need to be detailed in the coming months.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Medical and Nursing Home (MNH) Claims Release (Continued)

- DSHS and CNSI have agreed to change the integration testing documentation approach. The current delivery and review processes have not allowed DSHS and CNSI to efficiently approve test results. Further, the slow and sporadic delivery of test results has created difficulties in maintaining an efficient resource schedule for the business analysts. To increase DSHS's efficiency in reviewing test results and to improve confidence in the system, CNSI has agreed to host two site visits for DSHS staff. Each trip will allow key business analysts, relevant project staff and opinion leaders to participate in the actual testing and to view the results first hand. The objective of the site visits is to provide a "real time" view of CNSI's testing process for DSHS staff. These site visits will also reduce CNSI's documentation efforts related to the detailed test results. Documentation to certify the tests were executed and passed will still be required.
- DSHS and CNSI continue to monitor entrance criteria for UAT. While some of the entrance criteria have been met, the slow progress on integration testing and delivery of subsequent test results have jeopardized entry into UAT. Meeting criteria related to data conversion and interface readiness, although progressing, has been delayed, which could also affect the start date of UAT. In the interim, DSHS is preparing test cases and preparing staff for testing.
- DSHS has prepared a tool for assessing staff resource impacts during the system transition phase and for ongoing maintenance and operations. An independent party in the Financial Services Administration will be reviewing the assumptions and details around the resource assignments. There will be new duties that are not currently performed by DSHS staff, and some duties will change. The people team responsible for staff readiness is leading this effort and affected supervisors and managers are actively engaged in analyzing the required changes.
 - The initial analyses are focused on the earlier releases, although a similar exercise for Phase II is planned.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Medical and Nursing Home (MNH) Claims Release (Continued)

- A key requirement for the Centers for Medicaid and Medicare Services (CMS) certification of the ProviderOne system is on the development of the Operations and Management reports that meet the new CMS requirements as detailed in the Medicaid Enterprise Certification Toolkit document.
 - Many months ago, CNSI and DSHS developed and agreed to a report specification format. CNSI developed a process workflow defining the roles, responsibilities and general tasks required. The specification template and the process flow are being used to manage this area.
- Due to some confusion about the process and a lack of communication, concerns by both CNSI and DSHS have been raised over the past few weeks regarding the lack of reports development progress and the quality of reports deliverables. In response to the concerns, a targeted quality assurance review of the reports area was completed this month. Several findings and recommendations were offered mid-month. Updates to these issues and recommendations are included below.
 - DSHS resources to manage the review process do not appear to be adequate in order to work through the specifications in a timely manner. Considerable time is required to schedule the review meetings in addition to the time it takes to review and understand the specifications.
 - *New Recommendation 59 – DSHS should add resources to support scheduling of the review and approval meetings.*
 - *New Recommendation 60 – DSHS should assess whether “island time” should be made available to the reporting team so that resource constraints are better managed. The reporting work needs to be prioritized in order to meet the current cutover schedule.*

UPDATE - DSHS has assessed resources and has dispersed some duties to other staff to increase the current reports analyst time. Additional review is underway.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Medical and Nursing Home (MNH) Claims Release (Continued)

- The tasks required for completing the reports are not detailed and documented in a project workplan. There are no approved or agreed upon timelines for how long it should take DSHS to work through its internal review process.
- *New recommendation #61 – DSHS should add detailed review tasks to the Integrated Workplan. The dates should be based on the timeline agreements for reviewing and approving the specifications.*

UPDATE: CNSI and DSHS have negotiated a 10 day review and approval cycle. The tasks will be added to the Integrated workplan.

- The organizational reporting relationships for the system reporting activities are not well-understood. The current structure has resulted in a lack of communication between the project team and operations staff.
- *New recommendation #62 – DSHS should clarify the reporting relationships for the current reporting staff. Additional oversight and support from the project team is likely needed.*

UPDATE: DSHS has clarified the reporting relationships and supervision of reporting staff.

- The CNSI internal review process has also been challenging. Some of the specifications have been sent to DSHS without having completed the proper internal quality assurance review.
- *New Recommendation #63 – CNSI should reassess or re-confirm its internal quality control processes to ensure specifications delivered to DSHS meet the agreed upon criteria before they are delivered.*

UPDATE: Some reports were pulled back from the review process by CNSI because they did not meet their QA standards. CNSI stated they clarified the standards although no further report specifications have been received since that time so it is difficult to assess whether the quality will be maintained.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Medical and Nursing Home (MNH) Claims Release (Continued)

- Many issues for the reports did not get surfaced in a timely manner. Staff were attempting to manage some issues that require management decision making.
- *New Recommendation #64 – CNSI and DSHS should define a management process to address disagreements and/or delays in progress. This should include some discussion and agreement around when and how to escalate issues from the business/functional analyst up through the chain of command. To the extent possible, the process can mirror the “hot list” process, although these expectations will need to be clearly articulated to DSHS and CNSI staff.*

UPDATE – DSHS and CNSI will manage issues with the currently defined processes. Some of the issues need to be documented formally so that the process can be implemented.

- Since December 2007, CNSI delivered 55 report specifications to DSHS for review. Review and approval of these reports was stalled until Mid-March. Since then, approximately 43 reports have been reviewed, and 39 of them have been partially or completely approved by DSHS business owners. Three reports did not meet the specification requirements and have not been approved, and four have been recalled by CNSI. The remainder are pending review.
 - The business owners are experts in the type of information that will be needed. They are not necessarily experts in how the report should be structured and created, or how the data structures within the system will be organized. This issue was not apparent to DSHS until the initial reports were reviewed. For example, there are separate reports that list identical data elements, but have one parameter change (e.g., number of clients served by *month*, number of clients served by *year*, etc.) These reports are captured as separate reports. There is no known mechanism in the current technical solution to change a parameter on a given report. This is considered a step back for DSHS as they have this functionality currently. Because DSHS does not have a good understanding of the tools and their capabilities yet, there are some critical questions that need to be answered by CNSI. DSHS is working with CNSI to clarify the technical solution and see if the reporting tools provide more functionality than currently understood.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Pharmacy Point-of-Sale (POS) Release

- The POS system successfully entered the UAT phase. CNSI and the subcontracted POS vendor (SXC) and DSHS negotiated some exceptions to the entrance criteria related to system configuration. SXC had planned to have the configuration tasks completed early in the cycle and the risk for retesting was minimal. DSHS agreed to run those tests that were not dependent on the missing configuration first, thus allowing UAT to begin. Configuration has taken longer than SXC estimated. DSHS testers were soon through all of the scripted tests they could run without the completion of configuration.
- Per DSHS' Weekly Pharmacy Release User Acceptance Testing (UAT) Report, dated March 28, 2008, DSHS has completed three weeks of UAT.
 - DSHS identified 141 scripted UAT tests. In the first three weeks DSHS executed 75 tests, exceeding their plan of executing 60 tests. 33% of the test cases have passed.
 - Because the configuration tasks are not complete, DSHS is limited in its ability to execute the tests they planned. As a result, the UAT testing schedule is being delayed on a day-for-day basis until the configuration is complete.
 - There are 34 defects or open incident reports (IR). Of these, 32 are rated a severity level 2 (No Workaround) and the other two are rated a severity level 3 (Workaround). With the exception of five open IR's, the remaining open IR's require configuration work, and DSHS does not believe these require significant effort to repair. CNSI and DSHS disagree on whether the remaining five IRs are defects. This issue will be escalated to CNSI and DSHS project management to determine the appropriate severity level and process for managing the defect (e.g., is a change request required, is it configuration work, etc.).

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Pharmacy Point-of-Sale (POS) Release (Continued)

- There have been several other issues affecting DSHS's ability to conduct testing.
 - The system is required to communicate with the providers when a change has been made or there is a change in a claim's status. Some of this messaging functionality is not accurate and therefore has not been tested during UAT. Incomplete messaging is impacting DSHS's ability to enter testing with pharmacies in the community. Pharmacy providers were scheduled to participate in UAT in week 5 of testing (March 31-April 4), but this has been pushed out at least two weeks. In preparation for the provider UAT, the project completed connectivity testing with three pharmacy providers and verified connection with all switch vendors.
 - Because of the delay in configuration, UAT testers have been performing more ad-hoc testing on the system. Ad-hoc testing had always been planned but it was not anticipated to the degree it is occurring. When an issue is found the testers must write a test script, re-execute it and then document the issue as a formal defect.
 - As documented in last month's report, the current system is not configured to support claims with retroactive prior authorization business rules. Although the system has the ability to process these retroactive claims, SXC did not configure the system to maintain the old business rules to support them. This configuration is required for go-live of the Pharmacy POS release. SXC submitted a proposal for DSHS's consideration this month. DSHS will review this proposal along with other alternatives to address this issue.
- With the remaining testing work and the configuration issues, the earliest projected Pharmacy Early Release go-live date is now June 23, a five week delay from the previous May 19 go-live date. This date represents a "best case scenario" that is likely to be missed given the outstanding issues and potential resolutions.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

Social Services Billing and Payment Release

- DSHS has defined the client demographic “placeholder” design. The design sessions have gone very well. The team has implemented some lessons learned from previous design efforts. One key step was to limit the size of the initial workgroup so that subject matter experts with a comprehensive understanding of their business area and the ability to represent the broad needs of the business, were included. The results of the design session are then presented to a larger business group. During the follow-on session, staff reviewed the design decisions, assessed how the design adhered to the ISSD System Architecture, and ensured that Phase 2 design doesn’t “break” what already exists within Phase 1 design phase. While there is more placeholder design work left to complete, good progress is being made.
- CNSI provided the social services business analyst access to a “sandbox” of ProviderOne. The available “sandbox” is an old snapshot of the system and therefore did not meet all the needs of the analyst. To resolve this issue, CNSI provided the social services business analyst access to the Integrated Test Facility (ITF). While the ITF provides a more up-to-date version of the software, the business analyst is not able to manipulate the system to see how it functions. Rather, the ITF provides “view only” access which limits how the analyst can interact with the system.
- CNSI and DSHS have completed their review of the outstanding workplan comments. DSHS will approve the Social Services Phase 2 workplan with several conditions. DSHS will need to get an agreement from CNSI on the scope and approach for provider and staff training and work management for Phase 2. DSHS will need to execute a contract amendment to align Phase 2 deliverables with the accepted workplan schedule.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

People Team Activities

- CNSI delivered the Provider Training Plan late last month. DSHS identified some critical issues with the training approach outlined in the plan and did not accept the plan.
 - Currently the training is based on a “one size fits all” approach and does not identify customized needs for providers (Regional Support Networks (RSN), Managed Care Organizations (MCO) and Tribes) who have unique business needs and responsibilities. For example, RSNs, a Mental Health Division certified entity, administer community mental health programs at the local level. RSN staff have responsibilities that mimic DSHS staff prior authorization duties. The current training plan does not assume these staff need training for prior authorization activities.
 - The training schedule needs to be adjusted to realistically coordinate travel and training resources within the project schedule. DSHS business subject matter experts will attend training sessions to answer questions posed by training participants around business process, policy, etc. DSHS needs to ensure the training schedule is sensitive to these resource constraints.
 - CNSI and DSHS will continue refining the details of the provider training issues within this plan next month.
- The people team has been developing the Operations Guide for several months. The Operations Guide contains instructions on the ongoing maintenance and support of the ProviderOne system after go-live. Once the system is implemented, the HRSA Office of Medicaid Systems and Data (OMSD) will be the business area responsible for the system operation. In order to define the work processes to support the operation of the system, OMSD defined skill set needs and identified gaps related to future skill needs. Knowledge transfer from CNSI to DSHS will be critical in filling these identified gaps. This area has not yet been formalized and remains a risk to DSHS.

Quality Assurance Findings—*What is...*

◆ Approach (Continued)

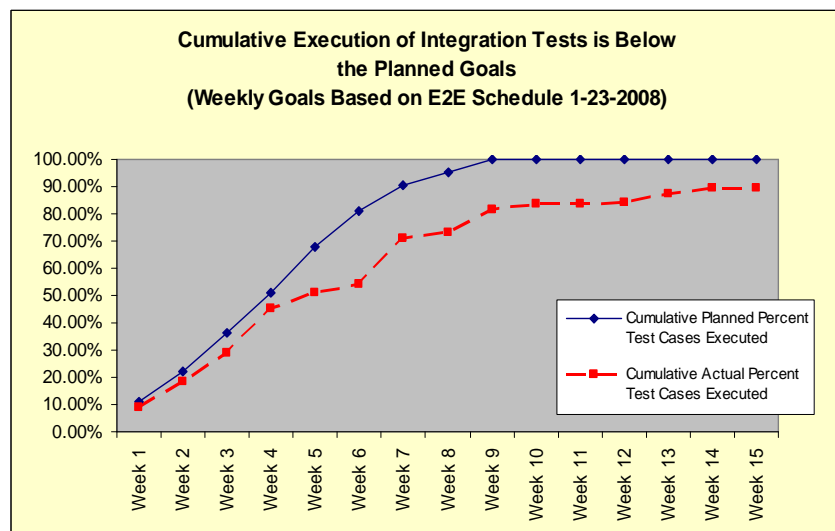
People Team Activities (Continued)

- The people team is focusing on critical readiness activities for the Pharmacy, the Provider Registration and Phase 1 MNHC release activities.
 - Preparations are underway for the provider registration and training. The schedule currently provides a five month registration period for providers. Additional delays in the schedule may require DSHS to reassess this timeline as a mitigation strategy.
 - Preparations are underway to build transition tasks for staff and the organization for a smooth transition to the new system. The Phase I Operations Group, comprised of office chiefs and relevant business subject matter experts and project staff, is responsible for working with the project staff to identify and anticipate issues, barriers and challenges that may impact the business areas from successfully transitioning to the new system.
 - Preparations are underway for scheduling the Supervisor/Manager Readiness Forums, Navigating Change Sessions and the ProviderOne provider readiness road shows.

Quality Assurance Findings—*What is...*

◆ Controls

- System testing completed this month. This was a very important milestone for team members as it has been overdue for many months.
- Per CNSI's Weekly Integration Test Summary Report for Round 2, dated March 28, 2008, integration testing is in its fifteenth week. Based on CNSI's January 23, 2008, End-to-End testing schedule goals, the actual execution of test cases is below the planned goals (see Chart 1). Passing rates have fallen well below planned goals (see Chart 2). Based on current progress, we believe Round 2 test cases will not complete until the end of May. This essentially uses all the contingency that was set aside for testing, leaving DSHS with little or no contingency for UAT. This delay will result in a delay to the start of UAT potentially affecting DSHS's go-live schedule.



NOTES:

Chart 1

- Progress is shown as a percent of overall test cases identified. Because the number of test cases changes weekly, the total number of test cases (651) identified in CNSI's E2E Testing Schedule was used to calculate the cumulative percentages status.

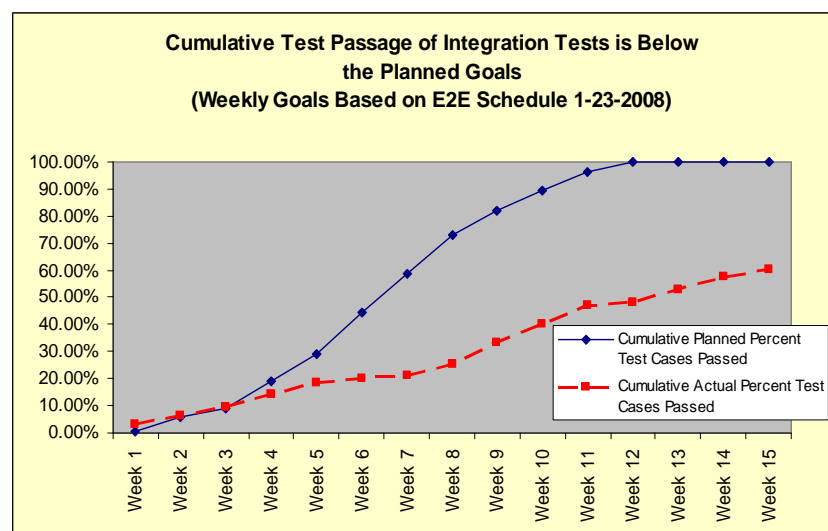


Chart 2

Quality Assurance Findings—*What is...*

◆ Controls (Continued)

- DSHS and CNSI meet weekly to review and discuss integration testing progress and issues. The following status identifies the conditions around each integration testing phase.
 - *Integration Testing – Round 1*
 - For Integration Round 1 testing, there are 2,342 test cases identified of which 2,312 (98.7%) test cases have been executed with 2,133 (91.1%) passing.
 - There are 134 open incident reports (IRs). Of these, 22 are severity 1 (system crashes) or 2 (no work around). IRs related to the Interactive Voice Response (IVR) account for a third of these high priority open IRs. The average age of Round 1 open IRs for severity 1 and 2 is 11 days with the oldest IRs at 44 and 45 days related to the Reference functionality. IRs from Round 1 will need to be repaired before the functionality is tested during Round 2 of integration testing.
 - *Integration Testing – Round 2*
 - For Integration Round 2 testing, there are 596 test cases identified of which 586 (98.3%) test cases have been executed with 420 (70.4%) passed test cases.
 - There are 170 open IRs. Of these, 89 are severity 1 (system crashes) or 2 (no work around). IRs related to Claims, Data Conversion, HIPAA and Managed Care functionality account for 75% of these high priority open IRs. The average age of Round 2 open IRs for severity 1 and 2 is 22 days. The oldest IRs relate to the Data Conversion functionality with the oldest IR at 98 days.

Quality Assurance Findings—*What is...*

◆ Controls (Continued)

– *Edits and Audits/Pricing Rules/Account Coding Testing (Purple Bar)*

- Test cases for Account Coding were first identified at the end of last month. The initial number of test cases identified was 2,142 with the total number adjusted weekly as CNSI clarifies the test cases. Only one test case was identified for Pricing Rules, however, there are 272 test case scenarios related to the one test case.
- CNSI has maintained a weekly execution rate of 100% of the Account Code test cases since the identification of the test cases. This has been achievable by CNSI through an automated testing tool that runs these tests quickly. Based on the test execution rate, it is evident that this tool is working as designed. The Account Coding test case pass rate is currently at 90%.
- The overall testing progress for Edits and Audits testing is progressing. For example, test case execution improved from 84% last month to 95% this month. Test case passage also improved from 73% last month to 84.8% .
- Last month, DSHS had requested that the metrics for passed tests be added to the testing status reports. The current testing status report does not contain any metrics.

Quality Assurance Findings—*What is...*

◆ Resources

- CNSI delivered the Provider Training Plan this past month. CNSI has identified only one training resource for this training. DSHS is concerned about the reliance and dependence of the provider training on only a single CNSI training resource. CNSI has indicated they have a training resource matrix that will identify the training work with key resources. Based on this matrix, DSHS will need to verify whether this concern is valid. DSHS has not seen this training resource matrix.

◆ Expectations

- CNSI has provided the DSHS business analysts with access to its Integrated Test Facility (ITF) environment. The ITF is an isolated environment comprised of the unit, system and user acceptance test data that make up this system. Access to this environment has been helpful for DSHS's business analyst to view and navigate between the system screens. There are expectations that this access will increase and ultimately, DSHS staff want to be able to run queries and workflows against the data in the sandbox. These expectations may be greater than CNSI can deliver given the work still required for implementation.
- Reactions from staff in the first DSHS site visit to Maryland have been positive, and it appears that the system is meeting and/or exceeding staff expectations. The first visit is limited to viewing edits and audits and managed care functionality testing. Staff are excited to actually see the system operating which has boosted confidence that DSHS will have its business needs met.

Project Recommendations—*Bringing conditions up to criteria*

	Apr 2007	May 2007	June 2007	July 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	
Recommendation	Status/Comments												
33 The state should develop contingency plans for those functional areas at high risk or with high impact assessments where agreement has not been reached with CNSI for inclusion in the current project scope or schedule (e.g., data warehouse solution, NPI applet and resulting data conversion impacts, etc.).	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	DSHS is working to develop plans for major risks. Contingency plans for data conversion activities (e.g. clean-up activities) have not been completely documented. This recommendation will be closed once the data warehouse risks have been documented and communicated. (2/29/08)
38 CNSI should include baseline start, baseline finish, and actual finish columns in the work plan.	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	➤	CNSI has included the baseline finish column but not the baseline start column. There has been no progress in implementing this change into the workplan. This recommendation will remain open. (3/31/08)
49 CNSI should verify relevant task dependencies and linkages between all of its workplans, and update the master work plan to automatically reflect these dependencies and linkages.						★	➤	➤	➤	➤	➤	➤	CNSI and DSHS have agreed to integrate all workplans into one plan. The current draft plan contains this consolidated view. This is expected to close in April with the acceptance of the workplan. (3/31/08)
50 Schedule contingency should be added to UAT and pre-production testing that is comparable to delays seen in previous testing tasks.								★	➤	➤	➤	➤	CNSI's draft workplan contains contingency on testing tasks. The strategy is being reviewed. This is expected to close in April with the acceptance of the workplan. (3/31/08)
51 The state and CNSI should add a 10-15% schedule contingency to all critical path tasks.								★	➤	➤	➤	➤	CNSI's draft workplan contains a 9 week contingency pool placed after testing tasks. DSHS and CNSI negotiated strategy will not contain specific contingency on other critical path items although the critical path is identified and monitored. This is expected to close in April with the acceptance of the workplan. (3/31/08)
52 The state should develop a tool that consolidates high-level resource estimates related to integrated workplan tasks.									★	✗	➤	➤	DSHS is determining the best approach to implementation. (2/29/08)
★ Recommendation Made ✓ Recommendation implemented ➤ In progress ✗ Recommendation not yet implemented													

Table contains status of open recommendations only.

Recommendations not included in this summary have been closed for more than one month

Project Recommendations—*Bringing conditions up to criteria*

		Apr 2007	May 2007	June 2007	July 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	
	Recommendation													Status/Comments
53	The state should develop a process for loading non-project staff resource estimates into the CNSI and integrated workplan.									★	×	➤	➤	DSHS is determining the best approach to implementation. (2/29/08)
54	CNSI should prioritize delivery of the configuration management roles and responsibilities matrix to DSHS.											★	➤	Sterling Associates has not seen a copy of this configuration management roles and responsibilities matrix. (3/31/08)
55	Performance questions surrounding the DWIR solution need to be negotiated and decided now because they could impact the currently defined design of the data warehouse.											★	➤	DSHS is researching performance testing options, after which, CNSI and DSHS will negotiate the acceptable option. This recommendation will remain open until CNSI and the state have agreed to the performance testing option. (3/31/08)
56	DWIR Training concerns should be discussed/negotiated now since the training plan is still under development. The training should allow users to understand the tool and how to access the data within the warehouse.											★	➤	CNSI has developed a draft DWIR Training Schedule for DSHS review and comment. This recommendation will remain open until the final DWIR Training Plan has been released. (3/31/08)
57	The state should acquire an expert in Cognos to advise the state in making DWIR decisions. In the interim, the state should send current DWIR staff to Cognos training.											★	➤	DSHS is preparing a training plan to obtain internal Cognos expertise. This recommendation is closed. (3/31/08)
58	CNSI should conduct a very well thought out demonstration(s) using experts (CNSI or contracted staff) who know the data and the Cognos tool, and have very good communication and facilitation skills.											★	➤	CNSI in in the process to develop the DWIR demonstration schedule. This recommendation will remain open until demonstrations have been scheduled. (3/31/08)
59	DSHS should add resources to support scheduling of the review and approval meetings.												✓	DSHS has assessed resources and has dispersed some duties to other staff to increase the current reports analyst time. Additional review is underway. This recommendation was opened mid-month and has been implemented. This recommendation is closed. (3/31/08)
★ Recommendation Made ✓ Recommendation implemented ➤ In progress × Recommendation not yet implemented														

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Project Recommendations—*Bringing conditions up to criteria*

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	Recommendation													Status/Comments
60	DSHS should assess whether “island time” should be made available to the reporting team so that resource constraints are better managed. The reporting work needs to be prioritized in order to meet the current cutover schedule.												★	This recommendation was opened mid-month and has not been implemented. (3/31/08)
61	DSHS should add detailed review tasks to the Integrated Workplan. The dates should be based on the timeline agreements for reviewing and approving the specifications.												★	CNSI and DSHS have negotiated a 10 day review and approval cycle. DSHS tasks will be added to the Integrated workplan. (3/31/08)
62	DSHS should clarify the reporting relationships for the current reporting staff. Additional oversight and support from the project team is likely needed.												✓	DSHS has clarified the reporting relationships and supervision of reporting staff. This recommendation was opened mid-month and has been implemented. This recommendation is closed. (3/31/08)
63	CNSI should reassess or re-confirm its internal quality control processes to ensure specifications delivered to DSHS meet the agreed upon criteria before they are delivered.												★	Some reports were pulled back from the review process by CNSI because they did not meet their QA standards. CNSI stated they clarified the standards although no further report specifications have been received since that time so it is difficult to assess whether the quality will be maintained. This recommendation will remain open until DSHS has received evidence that the quality of deliverables has improved. (3/31/08)
64	CNSI and the state should define a management process to address disagreements and/or delays in progress. This should include some discussion and agreement around when and how to escalate issues from the business/functional analyst up through the chain of command. To the extent possible, the process can mirror the “hot list” process, although these expectations will need to be clearly articulated to DSHS and CNSI staff.												✓	DSHS and CNSI will manage issues within the currently defined processes. Some of the issues need to be documented formally so that the process can be implemented. This recommendation was opened mid-month and has been implemented. This recommendation is closed (3/31/08)
★ Recommendation Made ✓ Recommendation implemented ➤ In progress ✕ Recommendation not yet implemented														

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Recommendations not included in this summary have been closed for more than one month